

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (a) should be completed by all service providers funded through Ryan White CARE Act Titles I, II, III, and IV. For the definition of service provider, please refer to the instructions for completing this form.

Part 1.1. Provider and Agency Contact Information

1. **Provider name:**

Anywhere Community Health Center

2. **Provider address:**

a. Street: 1111 Anywhere Rd.

b. City: Anytown State: OH

c. ZIP Code: 12345 - 6789

d. Taxpayer ID #: 12 - 3456789

3. **Contact information:**

a. Name: Jenny Smith

b. Title: Project Director

c. Phone #: (999) 867 - 5309

d. Fax #: (999) 867 - 5310

e. E-mail: jsmith@achc.org

4. **Person completing this form:**

a. Name: Sally Smart

b. Phone #: (999) 867 - 5304

c. E-mail: ssmart@achc.org

Part 1.2. Reporting and Program Information

5. **Calendar year for reporting: (mm/dd/yyyy)**

Start date: 01 / 01 / 2005

End date: 12 / 31 / 2005

6. **Reporting scope: 01 (Select only one.)**

01 = ALL clients receiving a service ELIGIBLE for Title I, II, III, or IV funding

02 = ONLY clients receiving a Title I, II, III, or IV FUNDED service

Remember: All grantees and providers must use reporting scope "01" unless they have permission from their HRSA project officer to use "02." All subsequent items regarding "clients" should be answered relative to the reporting scope you select here.

7. **Provider type:**

a. (Select only one.)

- ☐ Hospital or university-based clinic
☒ Publicly funded community health center
☐ Publicly funded community mental health center
☐ Other community-based service organization (CBO)
☐ Health department
☐ Substance abuse treatment center
☐ Solo/group private medical practice
☐ Agency reporting for multiple fee-for-service providers
☐ PLWHA coalition
☐ VA facility
☐ Other facility

b. Did you receive funding under Section 330 of the Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?

☒ Yes ☐ No ☐ Don't know/unsure

8. **Ownership status:**

a. (Select only one.)

- ☒ Public/local
☐ Public/State
☐ Public/Federal
☐ Private, nonprofit (Go to Item 8b)
☐ Private, for-profit
☐ Unincorporated
☐ Other

b. If "Private, nonprofit" was selected in Item 8a, is your organization faith-based?

☐ Yes ☐ No

9. **Did your organization receive Minority AIDS Initiative (MAI) funds during this reporting period?**

☒ Yes ☐ No ☐ Don't know/unsure

Each provider must complete a single CADR for all clients served during the reporting period.

10. **Source of Ryan White CARE Act funding:** *(Check all that apply.)*

☐ Title I
Name of grantee(s):
1. _____
2. _____
3. _____

☒ Title II
Name of grantee(s):
1. Ohio
2. _____
3. _____

☒ Title III EIS
Name of grantee(s):
1. Anywhere Community Health Center
2. _____
3. _____

☒ Title IV
Name of grantee(s):
1. Some Other Agency Health Center
2. _____
3. _____

☐ Title IV Adolescent Initiative
Name of grantee(s):
1. _____
2. _____
3. _____

11. **Title I funding**

a. Total amount of Title I funding received during this reporting period *(rounded to the nearest dollar)*:

\$ _____

b. Of the amount in Item 11a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ _____

12. **Title II funding**

a. Total amount of Title II funding received during this reporting period *(rounded to the nearest dollar)*:

\$ 578,000

b. Of the amount in Item 12a, how much is from the Minority AIDS Initiative?

\$ 56,000

13. **Title III EIS funding**

a. Total amount of Title III EIS funding received during this reporting period *(rounded to the nearest dollar)*:

\$ 252,135

b. Of the amount in Item 13a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ 0

14. **Title IV funding**

a. Total amount of Title IV funding received during this reporting period *(rounded to the nearest dollar)*:

\$ 97,301

b. Of the amount in Item 14a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

\$ 0

15. **Amount of Title I, II, III, or IV Ryan White CARE Act funds EXPENDED on oral health care during this reporting period** *(rounded to the nearest dollar)*:

\$ 7,000

16. **During this reporting period, did you provide the grantee with support in . . . ?** *(See instructions for definitions; Check "Yes" or "No" for each service.)*

a. Planning or evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Administrative or technical support	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Fiscal intermediary services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Technical assistance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Capacity development	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Quality management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

☐ Check this box if the services listed in Item 16 were the **only** services you provided using CARE Act funding. If so, **STOP HERE** and do not complete the remainder of this form.

NOTE: Those who provided a direct service other than those listed in Item 16 should continue with Item 17a.

NOTE: Third party administrators who processed fee-for-service reimbursements to providers of eligible services should continue with Item 17a.

Each provider must complete a single CADR for all clients served during the reporting period.

17. a. Did you administer an AIDS Drug Assistance Program (ADAP) or local AIDS Pharmaceutical Assistance (APA) program that provides HIV/AIDS medication to clients during this reporting period?

- ☐ Yes
☒ No (Skip to Item 18.)

b. If "Yes" to Item 17a, type of program administered:

- ☐ State ADAP
☐ Local APA program that provides HIV/AIDS medication to clients

If the ONLY type of program you administered was an ADAP, and you offered no other services under the CARE Act during this reporting period, STOP HERE. You are finished with this form.

18. Did you provide a Health Insurance Program (HIP) during this reporting period? (Do not include health insurance funded under ADAP as a part of HIP.)

- ☐ Yes, and this was the **only** service your agency provided with CARE Act funding during this reporting period. (Skip to Section 7.)
☐ Yes, and your agency provided other services with CARE Act funding during this reporting period.
☒ No

19. Indicate which of the following populations were especially targeted for outreach or services during this reporting period. (Check box for each group targeted.)

- ☒ Migrant or seasonal workers
☐ Rural populations other than migrant or seasonal workers
☒ Women
☒ Children
☒ Racial/ethnic minorities/communities of color
☒ Homeless
☐ Gay, lesbian, and bisexual youth
☒ Gay, lesbian, and bisexual adults
☐ Incarcerated individuals
☒ All adolescents
☐ Runaway or street youth
☒ Injection drug users
☐ Non-injection drug users
☐ Parolees
☐ Other (specify: _____)

20. Which of the following categories describes your agency? (Check all that apply.)

- ☒ An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members
☐ Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV direct services
☐ Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
☐ Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
☐ Other type of agency or facility

21. Total paid staff, in FTEs, funded by any Title of the CARE Act:

20.3 Paid staff FTEs

22. Total volunteer staff, in FTEs, dedicated to HIV care:

1.5 Volunteer staff FTEs

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 2. CLIENT INFORMATION

Service providers from **all Titles** should complete this section. Clients reported in this section should include your HIV-infected, HIV-indeterminate, and affected population, whether receiving medical care or social support services. Affected clients include those who are HIV-negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS. A client who is indeterminate is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

Remember your reporting scope. If you chose reporting scope “01” in Item 6, provide information on all clients who received a service eligible for CARE Act funding. If you chose reporting scope “02” in Item 6, include only clients who received services funded by Titles I, II, III, and/or IV.

23. Total number of unduplicated clients:

<u>321</u>	HIV-positive
<u>14</u>	HIV-indeterminate (under 2 years)
<u>37</u>	HIV-negative (affected)
<u>18</u>	Unknown/unreported (affected)
<u>390</u>	Total

24. Total number of new clients:

<u>13</u>	HIV-positive
<u>7</u>	HIV-indeterminate (under 2 years)
<u>22</u>	HIV-negative (affected)
	Unknown/unreported (affected)
<u>42</u>	Total

25. Gender:

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Male	<u>181</u>	<u>14</u>
Female	<u>148</u>	<u>32</u>
Transgender	<u>2</u>	<u>9</u>
Unknown/unreported	<u>4</u>	
Total	<u>335</u>	<u>55</u>

26. Age (at the end of reporting period):

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Under 2 years	<u>15</u>	<u>4</u>
2–12 years	<u>12</u>	<u>3</u>
13–24 years	<u>181</u>	<u>24</u>
25–44 years	<u>119</u>	<u>13</u>
45–64 years	<u>4</u>	
65 years or older	<u>4</u>	<u>1</u>
Unknown/unreported		<u>10</u>
Total	<u>335</u>	<u>55</u>

27. Race/Ethnicity:

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
White (not Hispanic)	<u>86</u>	<u>11</u>
Black or African American (not Hispanic)	<u>114</u>	<u>23</u>
Hispanic or Latino(a)	<u>93</u>	<u>9</u>
Asian	<u>14</u>	<u>2</u>
Native Hawaiian or Other Pacific Islander	<u>12</u>	<u>4</u>
American Indian or Alaska Native	<u>11</u>	
More than one race	<u>5</u>	<u>6</u>
Unknown/unreported		
Total	<u>335</u>	<u>55</u>

Each provider must complete a single CADR for all clients served during the reporting period.

28. **Household income (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Equal to or below the Federal poverty level	71	5
101–200% of the Federal poverty level	123	25
201–300% of the Federal poverty level	111	25
> 300% of the Federal poverty level		
Unknown/unreported	30	
Total	335	55

29. **Housing/living arrangements (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Permanently housed	230	42
Non-permanently housed	76	13
Institution	4	
Other	4	
Unknown/unreported	21	
Total	335	55

30. **Medical insurance (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Private	102	23
Medicare	99	2
Medicaid	82	15
Other public		2
No insurance	12	
Other	30	13
Unknown/unreported	10	
Total	335	55

31. **HIV/AIDS status (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
HIV-positive, not AIDS	116	
HIV-positive, AIDS status unknown	130	
CDC-defined AIDS	75	
HIV-indeterminate (under 2 years)	14	
HIV-negative (affected clients only)		37
Unknown/unreported (affected clients only)		18
Total	335	55

32. **Clients' vital/enrollment status (at the end of reporting period):**

<i>Number of clients:</i>	<i>HIV-positive/ indeterminate</i>	<i>HIV-affected</i>
Active client, new to program	20	22
Active client, continuing in program	305	25
Deceased	8	
Inactive	2	5
Unknown/unreported		3
Total	335	55

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 3. SERVICE INFORMATION

Service providers from **all Titles** should complete this section. **Read the instructions carefully concerning reporting of services offered to HIV-affected clients.** If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits for the appropriate service categories. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. **Only Title IV funded agencies may report services to affected clients in rows a-i.** If you do not receive Title IV funding, do not complete these boxes for affected clients.

33. Services offered, number of clients served, and total number of visits during this reporting period:

1	2	3a		3b	4a		4b
Service Categories	Check if service was offered	Total # of unduplicated clients		Check if # of clients unknown	Total # of visits during reporting period		Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
a. Ambulatory/outpatient medical care	<input checked="" type="checkbox"/>	275	10	<input type="checkbox"/>	750	10	<input type="checkbox"/>
b. Mental health services	<input checked="" type="checkbox"/>	103	5	<input type="checkbox"/>	500	107	<input type="checkbox"/>
c. Oral health care	<input checked="" type="checkbox"/>	25		<input type="checkbox"/>	97		<input type="checkbox"/>
d. Substance abuse services—outpatient	<input checked="" type="checkbox"/>	13		<input type="checkbox"/>	35		<input type="checkbox"/>
e. Substance abuse services—residential	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
f. Rehabilitation services	<input checked="" type="checkbox"/>	5		<input type="checkbox"/>	115		<input type="checkbox"/>
g. Home health: para-professional care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
h. Home health: professional care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
i. Home health: specialized care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
j. Case management services	<input checked="" type="checkbox"/>	215	30	<input type="checkbox"/>	1113	298	<input type="checkbox"/>
k. Buddy/companion service	<input checked="" type="checkbox"/>	60	37	<input type="checkbox"/>			
l. Child care services	<input type="checkbox"/>			<input type="checkbox"/>			
m. Child welfare services	<input type="checkbox"/>			<input type="checkbox"/>			
n. Client advocacy	<input type="checkbox"/>			<input type="checkbox"/>			
o. Day or respite care for adults	<input type="checkbox"/>			<input type="checkbox"/>			
p. Developmental assessment/early intervention services	<input type="checkbox"/>			<input type="checkbox"/>			
q. Early intervention services for Titles I and II	<input type="checkbox"/>			<input type="checkbox"/>			
r. Emergency financial assistance	<input type="checkbox"/>			<input type="checkbox"/>			
s. Food bank/home-delivered meals	<input type="checkbox"/>			<input type="checkbox"/>			
t. Health education/risk reduction	<input checked="" type="checkbox"/>	163		<input type="checkbox"/>			
u. Housing services	<input type="checkbox"/>			<input type="checkbox"/>			
v. Legal services	<input type="checkbox"/>			<input type="checkbox"/>			
w. Nutrition counseling/medical nutrition therapy	<input type="checkbox"/>			<input type="checkbox"/>			
x. Outreach services	<input checked="" type="checkbox"/>	28		<input type="checkbox"/>			
y. Permanency planning	<input type="checkbox"/>			<input type="checkbox"/>			
z. Psychosocial support services	<input type="checkbox"/>			<input type="checkbox"/>			
aa. Referral for health care/supportive services	<input checked="" type="checkbox"/>	8		<input type="checkbox"/>			
ab. Referrals to clinical research	<input type="checkbox"/>			<input type="checkbox"/>			
ac. Residential or in-home hospice care	<input type="checkbox"/>			<input type="checkbox"/>			
ad. Transportation services	<input checked="" type="checkbox"/>	0		<input type="checkbox"/>			
ae. Treatment adherence counseling	<input checked="" type="checkbox"/>	284		<input type="checkbox"/>			
af. Other services	<input type="checkbox"/>			<input type="checkbox"/>			

SECTION 4. HIV COUNSELING AND TESTING

Title I, II, III, and IV grantees/service providers who selected the eligible reporting scope “01” in Item 6, and provided HIV-antibody counseling and testing during this report period, must report on all items in Section 4. Those who selected the funded reporting scope “02” in Item 6, and provided HIV-antibody counseling and testing, but did not use CARE Act funds for this testing during this report period, should respond to Item 34 and Item 35, then skip to Section 5.

NOTE: Based on Ryan White CARE Act reauthorization, HIV counseling and testing are funded as components of Early Intervention Services for Titles I and II. HIV counseling and testing is a required component of a Title III program. Title IV funds may be used to support these services.

*Report only on the number of individuals who received HIV counseling and testing during the reporting period. Unless these individuals received at least one of the services listed in Section 3, they are **NOT** considered clients.*

34. a. **Was HIV counseling and testing provided as part of your program during this reporting period?**

☒ Yes (*Continue.*)
☐ No (*Skip to Section 5.*)

- b. Indicate the total number of infants tested during this reporting period.

8 Number of infants tested

35. **Were Ryan White CARE Act funds used to support HIV counseling and testing services during this reporting period?**

☒ Yes (*Continue.*)
☐ No (*Skip to Section 5 if you selected scope “02” and do not wish to continue with this section.*)

36. **How many individuals received HIV pretest counseling during this reporting period?**

Number of:

96 Confidential
218 Anonymous

(If answer to both categories is “0,” skip to Item 41a.)

37. **Of the individuals who received HIV pretest counseling (Item 36 above), how many were tested for HIV antibodies during this reporting period?**

Number of:

96 Confidential
218 Anonymous

38. **Of the individuals who received pretest counseling and were tested for HIV antibodies (Item 37 above), how many had a positive test result during this reporting period?**

96

39. **Of the individuals who received HIV-pretest counseling and were tested for HIV antibodies (Item 37 above), how many received HIV-posttest counseling during this reporting period, regardless of test results?**

Number of:

26 Confidential
164 Anonymous

40. **Of the individuals who tested POSITIVE (Item 38 above), how many did NOT return for HIV-posttest counseling during this reporting period?**

6

41. a. **Did your program offer partner notification services during this reporting period?**

☒ Yes
☐ No (*Skip to Section 5.*)

- b. *If “Yes” in Item 41a, how many at-risk partners were notified during this reporting period?*

1

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 5. MEDICAL INFORMATION

This section should be completed by **all medical service providers** funded through Ryan White CARE Act Titles I, II, III, or IV. This section should include only clients who were **HIV-positive/indeterminate** and had at least one ambulatory/outpatient medical care visit during the reporting period.

42. Total number of unduplicated clients with visits for ambulatory medical care by gender:

<u>134</u>	Male
<u>140</u>	Female
<u>1</u>	Transgender
<u> </u>	Unknown/unreported
<u>275</u>	Total

43. For all clients with visits for ambulatory/outpatient medical care (total in Item 42 above), indicate the number of clients with:

<u>40</u>	1 ambulatory/outpatient medical care visit
<u>115</u>	2 visits
<u>120</u>	3-4 visits
<u> </u>	5 or more visits
<u> </u>	Number for whom visit count is unknown
<u>275</u>	Total

44. Total number of clients who were HIV-positive/indeterminate with each of the listed risk factors for HIV infection:

Individuals with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for individuals with a history of both homosexual/bisexual contact and injection drug use. They are counted in the separate category, MSM and IDU.

<u>77</u>	Men who have sex with men (MSM)
<u>75</u>	Injection drug user (IDU)
<u>17</u>	Men who have sex with men and injection drug user (MSM and IDU)
<u>12</u>	Hemophilia/coagulation disorder
<u>28</u>	Heterosexual contact
<u>19</u>	Receipt of transfusion of blood, blood components, or tissue
<u>17</u>	Mother with/at risk for HIV infection (perinatal transmission)
<u>30</u>	Other
<u> </u>	Undetermined/unknown/risk not reported or identified
<u>275</u>	Total

45. Number of clients (reported in Item 42) who received HIV-medical services from your agency for the first time during this reporting period:

28 New clients

46. Of the clients who were new to HIV-medical services (Item 45 above), indicate how many received the following tests at least once during this reporting period:

17 CD4 Count
22 Viral Load

47. Tuberculosis (TB) skin test:

a. Number of clients for whom a PPD skin test was indicated during this reporting period:

157

b. Of those clients reported in Item 47a above, list the number of clients who received a PPD skin test during this reporting period:

125

c. Of those clients reported in Item 47b above, how many were:

107 Negative (< 5mm)
17 Positive (≥ 5mm)
1 Unknown (did not return for reading; lost to follow-up)

d. Of those clients who tested positive in Item 47c above, how many received:

2 Treatment of Latent Tuberculosis Infection (LTBI)
15 Treatment for active TB disease
0 Unknown/lost to follow-up

e. Of those listed who started treatment (in Item 47d), how many:

2 Completed treatment of LTBI
13 Completed treatment for active TB disease
2 Are currently undergoing treatment for either LTBI or active TB disease
0 Are unknown, lost to follow-up, or did not complete treatment

Each provider must complete a single CADR for all clients served during the reporting period.

48. **Number of clients who received each of the following at any time during this reporting period:**

<u>216</u>	Screening/testing for syphilis
<u>177</u>	Treatment for syphilis
<u>64</u>	Screening/testing for any sexually transmitted infection (STI) other than syphilis and HIV
<u>50</u>	Treatment for an STI (other than syphilis and HIV)
<u>201</u>	Screening/testing for hepatitis C
<u>11</u>	Treatment for hepatitis C

49. **Number of clients who were newly diagnosed with AIDS during this reporting period** (*See instructions for the criteria for an AIDS diagnosis*):

28

50. **Number of HIV-positive clients known to have died during this reporting period:**

8

51. **Number of clients on the following type of antiretroviral therapies at the end of the reporting period:**

<u>82</u>	None
<u>115</u>	HAART
<u>37</u>	Other (mono or dual therapy)
<u>41</u>	Unknown/unreported
<u>275</u>	Total

52. **Number of women who received a pelvic exam and Pap smear during this reporting period:**

72

53. **Pregnancy:**

a. Number of women who were HIV-positive and were pregnant during this reporting period:

9

b. Number of pregnant women (*Item 53a above*), who entered prenatal care in the:

<u>1</u>	First trimester
<u>6</u>	Second trimester
<u>1</u>	Third trimester
<u>1</u>	At time of delivery
<u>9</u>	Total

c. Number of pregnant women (*Item 53a above*), who received antiretroviral medications to prevent the transmission of HIV to their children:

7

d. Number of infants delivered to pregnant women (*Item 53a above*):

8

e. Report the HIV status at the end of the reporting period of the infants delivered (*Item 53d above*):

1 HIV-positive, confirmed

7 HIV-indeterminate

0 HIV-negative, confirmed

54. **What type of quality management program did your agency use to assess services by medical providers during this reporting period?** (*Check only one.*)

- ☐ None
- ☐ Quality management program introduced this reporting period
- ☐ Established quality management program
- ☒ Established program with new quality standards added this reporting period

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV

Part 6.1 should be completed by Title III grantees/service providers. Part 6.2 should be completed by Title IV grantees/service providers. Title I and II grantees should skip to Section 7.

Part 6.1. Title III Information

Part 6.1 should be completed only by Title III grantees/service providers. Include all of your Title III Early Intervention Service (EIS) clients in this table. These are clients who are HIV-positive and have received at least one primary health care service during the reporting period, regardless of the funding source for that service.

The number of clients reported in Section 6.1 should be less than or equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2.

If the number of clients reported in Section 6.1 is equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2, check here. ☐ (Skip to Item 59.)

55. a. Total number of unduplicated clients during this reporting period who were:

<u>261</u>	HIV-positive
<u>14</u>	HIV-indeterminate (under 2 years)

b. Number of unduplicated HIV-positive/indeterminate clients who were new clients during this reporting period

20

56. Gender (of HIV-positive/indeterminate clients) reported in Item 55a:

<u>134</u>	Male
<u>140</u>	Female
<u>1</u>	Transgender
<u> </u>	Unknown/unreported
<u>275</u>	Total

58. Race/Ethnicity (of HIV-positive/indeterminate clients) reported in Item 55a:

<u>47</u>	White (not Hispanic)
<u>103</u>	Black or African American (not Hispanic)
<u>93</u>	Hispanic or Latino(a)
<u>12</u>	Asian
<u>12</u>	Native Hawaiian or Other Pacific Islander
<u>3</u>	American Indian or Alaska Native
<u>5</u>	More than one race
<u> </u>	Unknown/unreported
<u>275</u>	Total

57. Age (of HIV-positive/indeterminate clients) reported in Item 55a:

<u>15</u>	Under 2 years
<u>10</u>	2–12 years
<u>141</u>	13–24 years
<u>104</u>	25–44 years
<u>4</u>	45–64 years
<u>1</u>	65 years or older
<u> </u>	Unknown/unreported
<u>275</u>	Total

Each provider must complete a single CADR for all clients served during the reporting period.

59. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by race/ethnicity, gender, and age.

Race/Ethnicity	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	Male	4		14	1				19
	Female	1	1	21	4				27
	Transgender				1				1
	Unknown/unreported								
Black or African American (not Hispanic)	Male	5		23	33				61
	Female	1	3	34	3	1			42
	Transgender								
	Unknown/unreported								
Hispanic or Latino(a)	Male	1			39				40
	Female	2	2	36	13				53
	Transgender								
	Unknown/unreported								
Asian	Male				5				5
	Female	1		3		3			7
	Transgender								
	Unknown/unreported								
Native Hawaiian or Other Pacific Islander	Male		4						4
	Female			7	1				8
	Transgender								
	Unknown/unreported								
American Indian or Alaska Native	Male				2		1		3
	Female								
	Transgender								
	Unknown/unreported								
More than one race	Male				2				2
	Female			3					3
	Transgender								
	Unknown/unreported								
Unknown/unreported	Male								
	Female								
	Transgender								
	Unknown/unreported								
Total	Male	10	4	37	82		1		134
	Female	5	6	104	21	4			140
	Transgender				1				1
	Unknown/unreported								

Each provider must complete a single CADR for all clients served during the reporting period.

60. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and race/ethnicity.

HIV Exposure Category	Gender	White (not Hispanic)	Black or African American (not Hispanic)	Hispanic or Latino(a)	Asian	Native Hawaiian or Other Pacific Islander	American Indian/ Alaska Native	More than one race	Race/ ethnicity unknown	Total
Men who have sex with men (MSM)	Male	12	35	26	2	1				76
	Female									
	Transgender	1								1
	Unknown/unreported									
Injection drug user (IDU)	Male	5	2	3	1	2	2			15
	Female	7	25	23	3	2				60
	Transgender									
	Unknown/unreported									
MSM and IDU	Male	2		11	2		1	1		17
	Female									
	Transgender									
	Unknown/unreported									
Hemophilia/ coagulation disorder	Male		4			1				5
	Female	3	2			2				7
	Transgender									
	Unknown/unreported									
Heterosexual contact	Male		2					1		3
	Female	9	6	7	3					25
	Transgender									
	Unknown/unreported									
Receipt of transfusion of blood, blood components, or tissue	Male		9							9
	Female	3	5	1		1				10
	Transgender									
	Unknown/unreported									
Mother with/at risk for HIV infection (perinatal transmission)	Male		3							3
	Female	4	4	2	1	1		2		14
	Transgender									
	Unknown/unreported									
Other	Male		6							6
	Female	1		20		2		1		24
	Transgender									
	Unknown/unreported									
Unknown/unreported	Male									
	Female									
	Transgender									
	Unknown/unreported									
Total	Male	19	61	40	5	4	3	2		134
	Female	27	42	53	7	8		3		140
	Transgender	1								1
	Unknown/unreported									

Each provider must complete a single CADR for all clients served during the reporting period.

61. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and age.

HIV Exposure Category	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)	Male		1	26	49				76
	Female								
	Transgender				1				1
	Unknown/unreported								
Injection drug user (IDU)	Male			5	10				15
	Female			39	18	3			60
	Transgender								
	Unknown/unreported								
MSM and IDU	Male			6	11				17
	Female								
	Transgender								
	Unknown/unreported								
Hemophilia/coagulation disorder	Male	2			3				5
	Female		2	2	2	1			7
	Transgender								
	Unknown/unreported								
Heterosexual contact	Male				3				3
	Female		4	20	1				25
	Transgender								
	Unknown/unreported								
Receipt of transfusion of blood, blood components, or tissue	Male		2		6		1		9
	Female			10					10
	Transgender								
	Unknown/unreported								
Mother with/at risk for HIV infection (perinatal transmission)	Male	2	1						3
	Female	5		9					14
	Transgender								
	Unknown/unreported								
Other	Male	6							6
	Female			24					24
	Transgender								
	Unknown/unreported								
Unknown/unreported	Male								
	Female								
	Transgender								
	Unknown/unreported								
Total	Male	10	4	37	82		1		134
	Female	5	6	104	21	4			140
	Transgender				1				1
	Unknown/unreported								

Each provider must complete a single CADR for all clients served during the reporting period.

62. **Cost and revenue of primary care* and other programs† during this reporting period:**

a. Total cost of providing service:

\$ 753,420 Primary care
\$ 63,124 Other program

b. Title III grant funds expended:

\$ 220,390 Primary care (excluding pharmaceuticals)
\$ 29,722 Other program
\$ 0 Pharmaceuticals

c. Direct collections from clients:

\$ 6,004 Primary care
\$ 3,826 Other program

d. Reimbursements received from third party payer:

\$ 3,478 Primary care
\$ 0 Other program

e. All other sources of income:

\$ 0 Primary care
\$ 0 Other program

*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, and pharmacy services; radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

†Includes case management and eligibility assistance, outreach, social work, prevention education, and harm reduction. If you are providing a Title III-eligible service, include it, even if it is not being funded under your grant.

63. a. **Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?**

☐ Yes

☒ No (Skip to Item 64.)

b. If "Yes" to Item 63a, number of sites at which Early Intervention Services were provided during this reporting period:

64. **Please indicate which of the following primary health care services were made available to your clients who were HIV-positive during this reporting period.**

(Choose "Yes, within the EIS program" if you offered the service directly and/or through a contractual relationship with another service provider. Choose "Yes, through referral" if it was offered by another agency with which you had no remunerative relationship but to whom you referred. Choose "No" if the service was not available.)

	Yes, within the EIS program	Yes, through referral	No
	▼	▼	▼
a. Ambulatory/outpatient medical care	<input checked="" type="checkbox"/>		
b. Dermatology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dispensing of pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gastroenterology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Neurology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Nutritional counseling/medical nutrition therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Obstetrics/gynecology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Optometry/ophthalmology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Oral health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Rehabilitation services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Substance abuse services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Not applicable	<input type="checkbox"/>		

65. **During this reporting period, how many unduplicated clients who were HIV-positive were referred outside the EIS program for any primary health care service that was not available within the EIS program?**

8

Each provider must complete a single CADR for all clients served during the reporting period.

Part 6.2. Title IV Information

Part 6.2 should be completed only by Title IV grantees/service providers. Report on the Title IV clients who were HIV-infected as well as the affected partner/family member(s) of clients who were HIV-positive. Include only those clients who received Title IV services. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

The number of clients reported in Section 6.2 should be less than or equal to the number of unduplicated clients reported in Section 2.

If the number of clients reported in Section 6.2 is equal to the number of unduplicated clients reported in Section 2, check here. ☐ (Skip to Item 71.)

66. Total number of unduplicated clients during this reporting period who were:

<u>178</u>	HIV-positive
<u>14</u>	HIV-indeterminate (under 2 years)
<u>10</u>	HIV-negative/unknown

67. Total number of NEW unduplicated clients during this reporting period who were:

<u>13</u>	HIV-positive
<u>7</u>	HIV-indeterminate (under 2 years)
<u>6</u>	HIV-negative/unknown

68. Gender:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Male	<u>51</u>	<u>8</u>
Female	<u>140</u>	<u>2</u>
Transgender	<u>1</u>	
Unknown/unreported		
Total	<u>192</u>	<u>10</u>

69. Age:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
Under 2 years	<u>15</u>	<u>4</u>
2–12 years	<u>10</u>	<u>2</u>
13–24 years	<u>141</u>	<u>2</u>
25–44 years	<u>22</u>	<u>2</u>
45–64 years	<u>4</u>	
65 years or older		
Unknown/unreported		
Total	<u>192</u>	<u>10</u>

70. Race/Ethnicity:

Number of clients:	HIV-positive/ indeterminate	HIV-affected
White (not Hispanic)	<u>46</u>	<u>5</u>
Black or African American (not Hispanic)	<u>70</u>	<u>3</u>
Hispanic or Latino(a)	<u>54</u>	<u>2</u>
Asian	<u>7</u>	
Native Hawaiian or Other Pacific Islander	<u>12</u>	
American Indian or Alaska Native		
More than one race	<u>3</u>	
Unknown/unreported		
Total	<u>192</u>	<u>10</u>

Each provider must complete a single CADR for all clients served during the reporting period.

71. Number of clients during this reporting period by gender, HIV status, and age.

Gender	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Male	HIV+/indeterminate	10	4	37					51
	HIV-/unknown	4	2	2					8
Female	HIV+/indeterminate	5	6	104	21	4			140
	HIV-/unknown				2				2
Transgender	HIV+/indeterminate				1				1
	HIV-/unknown								
Unknown/unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate	15	10	141	22	4			192
	HIV-/unknown	4	2	2	2				10

72. Number of clients during this reporting period by race/ethnicity, HIV status, and age.

Race/Ethnicity	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	HIV+/indeterminate	5	1	35	5				46
	HIV-/unknown	3		1	1				5
Black or African American (not Hispanic)	HIV+/indeterminate	6	3	57	3	1			70
	HIV-/unknown	1		1	1				3
Hispanic or Latino(a)	HIV+/indeterminate	3	2	36	13				54
	HIV-/unknown		2						2
Asian	HIV+/indeterminate	1		3		3			7
	HIV-/unknown								
Native Hawaiian or Other Pacific Islander	HIV+/indeterminate		4	7	1				12
	HIV-/unknown								
American Indian or Alaska Native	HIV+/indeterminate								
	HIV-/unknown								
More than one race	HIV+/indeterminate			3					3
	HIV-/unknown								
Unknown/ unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate	15	10	141	22	4			192
	HIV-/unknown	4	2	2	2				10

Each provider must complete a single CADR for all clients served during the reporting period.

73. Number of clients who were HIV-POSITIVE OR INDETERMINATE during this reporting period by HIV exposure category and age.

HIV Exposure Category	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)		1	26	1				28
Injection drug user (IDU)			44	18	3			65
MSM and IDU			6					6
Hemophilia/coagulation disorder	2	2	2	2	1			9
Heterosexual contact		4	20	1				25
Receipt of transfusion of blood, blood components, or tissue		2	10					12
Mother with/at risk for HIV infection (perinatal transmission)	7	1	9					17
Other	6		24					30
Undetermined/unknown								
Total	15	10	141	22	4			192

STOP HERE IF YOU DO NOT PROVIDE HEALTH INSURANCE PROGRAM (HIP) SERVICES TO YOUR CLIENTS!

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 7. HEALTH INSURANCE PROGRAM (HIP) INFORMATION

*This section should be completed by the state agency and other entities that used CARE Act funds, except funds from ADAP, to pay for or supplement a client's health insurance. This section should **not** be completed by CARE Act grantees providing funding to another HIP, or by service providers who **ONLY PROVIDE VOUCHERS FOR HEALTH INSURANCE**. Data on Health Insurance Programs funded through ADAP should be reported in the ADAP Quarterly Reports.*

A Health Insurance Program is a program authorized and primarily funded under Title I or Title II of the CARE Act that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

74. **Total number of *UNDUPLICATED* clients in this reporting period:**

75. **Total number of *NEW* clients served in this reporting period:**

76. **Gender:**

Number of clients:

_____ Male

_____ Female

_____ Transgender

_____ Unknown/unreported

_____ Total

77. **Age (at the end of reporting period):**

Number of clients:

_____ Under 2 years

_____ 2–12 years

_____ 13–24 years

_____ 25–44 years

_____ 45–64 years

_____ 65 years or older

_____ Unknown/unreported

_____ Total

78. **Race/Ethnicity:**

Number of clients:

_____ White (not Hispanic)

_____ Black or African American (not Hispanic)

_____ Hispanic or Latino(a)

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaska Native

_____ More than one race

_____ Unknown/unreported

_____ Total

79. **Annual expenditures for HIP:**

Source	Total cost	Unduplicated clients	Total client-months
a. High-risk insurance pool			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
b. Medicare supplement			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
c. Other health insurance			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____
TOTAL HEALTH INSURANCE EXPENDITURES			
Premiums	\$ __, ____, __	_____	____, ____
Deductibles	\$ __, ____, __	_____	____, ____
Co-payments	\$ __, ____, __	_____	____, ____

80. **Total expenditures:** (Include Item 79 above, "Total Health Insurance Expenditures" plus any other administrative costs.)

\$ ____, ____, ____

Each provider must complete a single CADR for all clients served during the reporting period.

81. Annual funding for HIP by CARE Act funds:

Funding source	Funding received
Total Title I funds	\$ __, ____, __
EMA #1 _____	\$ __, ____, __
EMA #2 _____	\$ __, ____, __
EMA #3 _____	\$ __, ____, __
EMA #4 _____	\$ __, ____, __
EMA #5 _____	\$ __, ____, __
EMA #6 _____	\$ __, ____, __
EMA #7 _____	\$ __, ____, __
EMA #8 _____	\$ __, ____, __
EMA #9 _____	\$ __, ____, __
EMA #10 _____	\$ __, ____, __
Total Title II funds	\$ __, ____, __
Other CARE Act funding	\$ __, ____, __

82. Annual funding for HIP by other sources:

Funding source	Funding received
Federal Section 330	\$ __, ____, __
Other Federal funding	\$ __, ____, __
State/Local	\$ __, ____, __
Client payments	\$ __, ____, __
All other sources not included above	\$ __, ____, __

END OF REPORT